

# Creative Connections

Post-evaluation

Your opinion matters!

We invite you to fill out this form honestly and with as much detail as you can.

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

School

1) Has this program improved your enjoyment at school? (1 being least, 10 the most)

1-no i still  
hate it

2

3

4

5

6

7

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10-yes  
i have really  
enjoyed being a part  
of this program

2) What elements of school do you enjoy?

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3) In your opinion what would make school better?

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Community

4) Has this program helped you feel more accepted in your community?

1-No

2

3

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10-yes I feel  
warmly accepted

5) Do you feel safe in your community?

1-No

2

3

4

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10-yes

If your answer is "no" can you elaborate.

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6) Do you feel this program has provided you an avenue to feel seen and heard in your community?

1-No

2

3

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9

10-yes

7) Did this program help you embrace your unique quirks?

1-No

2

3

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10-yes

8) Has this program helped you feel more optimistic about your future?

1-No

2

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10-The future is  
bright and I feel I  
can make a difference

9) What do you think would help improve a sense of community? What activities, events, sports, or creative outlets do you believe would improve your town. (Be creative! Dream BIG!!)

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Rate your experience of this Creative Connection program?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-It made school 2	3	4	5	6	7	8	9	10-I loved it	
worse									

What was the best part about this creative program?

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What do you think you have learnt from this program?

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Do you have any suggestions on how it could be improved?

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Would you say this has program helped you to feel more connected to your peers?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-Not at all	2	3	4	5	6	7	8	9	10-Yes I feel
									much more connected
									to others in my class

Do you feel you have been able to explore issues that are important to you during the creative process of this program?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-Not at all	2	3	4	5	6	7	8	9	10-Yes I feel
									I was able to
									express myself in
									new and unexpected ways

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Creative enquiry

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On a separate piece of paper, create a piece of art that encapsulates how you feel about being a part of the "creative connections" program. Utilise colour, shape and your own intuition to explore this...

Think of three words to sum up the experience of being a part of this program

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DASS 21 NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
<b>TOTALS</b>								